

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/521790**

FILING DATE

APPLICANT(S)

**11/24/05**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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<b>TOTAL IND.</b>		4				
<b>TOTAL DEP.</b>		16				
<b>TOTAL CLAIMS</b>	20					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						